

Clinical Health Evaluation Checklist

Patient Information

Name

Date of Birth

Evaluation Date

Clinician Name

Vitals

Blood Pressure

Heart Rate

Temperature

Checklist

- ☐ Presenting Symptoms Identified
- ☐ Medical History Reviewed
- ☐ Current Medications Recorded
- ☐ Allergies Checked
- ☐ Physical Exam Completed
- ☐ Assessment & Plan Documented

Notes

Additional notes...

Sign-Off

Clinician Signature

Date

